

Office of Administrative Hearings
DEPARTMENT OF REHABILITATION
Waiver of Time

Appellant's Printed Name

OAH No.

**Waiver of Time Set by Law for
Mediation and/or Fair Hearing**

- ☐ I waive my right to have a mediation within 25 days of the date my written request was received by the Department (Cal. Code Regs, tit. 9 § 7353.6 (b)).
- ☐ I waive my right to have a fair hearing within 60 days of the date my written request was received by the Department (Welf. & Inst. Code § 19704 (c)).
- ☐ I do not waive my right to have the hearing officer render a decision within 30 days of the submission of the case for decision (Welf. & Inst. Code, § 19705, subd. (d)(3)(c) Cal. Code Regs, tit. 9 § 7358).

Signature: Appellant or
Authorized Representative

Printed Name of Signing Party

Signature Date